Oklahoma Animal Disease Diagnostic Laboratory

UPS/FedEx:
1950 W Farm Rd
Stillwater, OK 74078

US Mail:
PO BOX 7001
Stillwater, OK 74076

405-744-6623   - https://oaddl.okstate.edu -   oaddl@okstate.edu

NECROPSY SUBMITTAL FORM

OWNER	CLINIC / DVM
Premise ID County	Account #
Owner(s)	Clinic
Address	Veterinarian
City State Zip	Address
Primary Phone #	City State Zip
Email	Primary Phone #
Alternate Contact	Email

SUBMITTER/BILL PARTY: ☐ Owner ☐ Clinic	**LEGAL OR INSURED?** ☐ No ☐ Yes
REPORT TO: ☐ Owner ☐ Clinic	$300 fee applies to ALL Legal or Insured Necropsy Cases

RABIES SUSPECT: ☐ NO   ☐ YES   **ZOONOTIC SUSPECT:**   ☐NO   ☐YES _____

	Animal ID(s)	Species	Breed	Sex	Age	*Lab Use Only*
1						
2						
3						

TESTING REQUESTED

☐ NECROPSY   ☐ DISPOSAL ONLY   ☐ ADDITIONAL TESTING APPROVED UP TO $_____

FIELD NECROPSY

Histopathology Wanted: ☐ Yes   ☐No

DISPOSAL OF REMAINS

☐ Routine Laboratory Disposal   ☐ **Private Cremation** (Submitter arranges for remains to be picked up *by the crematory* within 10 business days.)

HISTORY/CLINICAL SIGNS *(Use back of form if needed)*

Please provide brief, recent, relevant information leading to the animal's demise and specific testing requested.
e.g. Sudden onset. Off feed for past 2 days, diarrhea followed by death. No changes in diet or water source.

EUTHANIZED?   ☐ NO   ☐ YES   DATE: METHOD:

LAB USE ONLY

Fed Ex   UPS   Postmark _____   Postage Due _____   Vet   Owner   Courier/Runner

History continued: